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Invited Perspective

Navigating the Perfect Storm of Ageism, Mentalism, and Ableism: A Prevention Model

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ABSTRACT

Many of society's systemic implicit biases against older persons predate COVID-19. A perfect storm of these biases now rages against older persons much more explicitly and visibly during the COVID-19 pandemic. They comprise of blends of discrimination based on age ("ageism"), multiplied by the prejudice against persons with mental symptoms (mentalism), and by notions against persons with disabilities (ableism). The collective result of this tragedy has caused a devastating impact on older persons' lives and flagrant violation of their human rights. We explore the evidence to better understand the drivers of these biases and ways to mitigate their impact. We also review strategies to alleviate the effects of ageism, mentalism, and ableism using a prevention model. (Am J Geriatr Psychiatry 2021; 29:1058–1061)

Highlights

- A perfect storm of systemic biases of ageism, mentalism, and ableism currently rages against older persons.
- Primary, secondary, and tertiary strategies to prevent violations of human rights of older persons are imperative and urgently needed.
- Education, intergenerational contact, policy and law, positive psychiatry, and wisdom, and a UN convention on the rights of older persons offer viable solutions.

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A quote from my grandmother on systemic biases against older persons
"બહાર જાય ખોખા ના ઘર થાય ચોખ્ખા" (Language: Gujarati)
"As people age, they are perceived as being dispensable and disposable"

INTRODUCTION

Ageism is not a new phenomenon. It is exceedingly malignant, prevalent, and destructive to the dignity and well-being of individuals and societies.[1] The cost of ageism to the physical and mental health of older persons and economies globally is staggering. One of every two people are ageist against older persons. Ageism ubiquitously and stealthily impacts organizations, laws, and policies across the world. Mentalism[1–4] originally defined as "unreasonable fear of mental patients," is also rampant in society. It is institutionalized as policies, procedures, theories, and programs, placing persons with mental health conditions and psychosocial disabilities in positions of dependence, and impairing mental health professionals in their efforts to help them. Ableism is defined as stereotyping, prejudice, discrimination, and social oppression toward people with disabilities including physical, sensory, and intellectual disabilities, invisible disabilities, chronic health conditions, psychiatric conditions, and others.[5]

The combined negative impact of these biases against older persons is enormous. The most comprehensive global review of the health consequences of ageism, a meta-analysis with over 7 million participants, demonstrated poor health outcomes in 95.5% of studies and a strong association between mental health conditions and ageism.[6] The economic impact of ageism on annual health care costs in the United States is $63 billion; however, significant health benefits and costs are predicted with a reduction in ageism.[7] Ageism is a major barrier to the enjoyment of human rights by older persons but is a modifiable risk factor. It must be urgently rectified through societal, legislative and policy processes and structures. This is critical for creating a more equal world and is at the heart of the 2030 Agenda for Sustainable Development, the world's agreed upon blueprint for building a future of peace and prosperity for all on a healthy planet.[4] Low-cost, high-impact, scalable interventions must be implemented within a national and cultural context, as a part of an international strategy to reduce ageism.

A comprehensive systematic review and meta-analysis has confirmed the efficacy of educational and intergenerational contact in combating ageism, which was especially strong when combined.[8] Females, adolescents, and young adult age groups demonstrated particular improvement in attitudes, knowledge, and comfort toward older adults. A major gap identified by this study was the dearth of research on internalized ageism among older adults themselves, which is critical given the evidence of older adults and their implicit preferences for younger adults.

The World Health Organizations (WHO) global report on ageism recommends the following interventions to combat ageism[1]: 1) *Education,* both formal and informal at various levels during formative years (primary school to university, formal and informal) to help provide accurate information and refute stereotypical examples to enhance empathy, dispel misconceptions, and reduce age-based prejudice. 2) *Intergenerational contact* interventions, known to reduce ageism, intergroup prejudice, and stereotypes by nurturing communication between people of different generations. 3) *Policies and laws* to reduce ageism by strengthening policies and legislation to address age discrimination, inequality, and human rights laws. This requires adoption of new instruments at the local, national and international level, e.g., a United Nations convention on the rights of older persons, and modification of existing instruments that currently permit age discrimination. This strategy entails enforcement mechanisms and monitoring bodies at the national and international levels to ensure effective implementation of the policies and laws addressing discrimination, inequality and human rights.

The Older People Equity, Respect and Ageing (OPERA) Project explored primary prevention strategies against ageism and elder abuse.[9] Older persons' experiences of ageism were collected and employed to co-design successful primary prevention interventions at disrupting ageist assumptions and behaviors using digital storytelling videos. The OPERA project recommended using older people's own voices and

experiences to frame ageing as a positive experience portraying older persons as active, positive, and socially connected.

Contrary to popular belief and despite evidence of declining physical and cognitive function, older age is associated with higher self-ratings of successful aging.[10] Systematic studies of the interaction of health and lifestyle behaviors, social environment, and genes[11] have deepened our understanding of the determinants of successful aging permitting innovative approaches to promotion of mental health.[12] These science-based enhancements for successful aging include calorie restriction, physical exercise, cognitive stimulation, social support and optimization of stress. Early and aggressive recognition and treatment of illnesses like depression, which interferes with nearly all determinants of successful aging is highly recommended since it diminishes engagement in healthy lifestyle and vitally important social behaviors. Promotion of successful aging in stressful situations may require different approaches for persons with mental health disabilities who need psychological resources to reinforce their resilience versus those with physical health stressors who frequently need external social supports, with the caveat of complex interplay of these factors in clinical settings.[13]

Wisdom is a highly protective and complex human trait which tends to increase with active aging. It has several components: pro-social behaviors including empathy, compassion, altruism, and a sense of fairness; decision-making, emotion regulation, self-reflection or insight, acceptance of uncertainty or divergent perspectives, decisiveness or ability to make timely or effective decisions, general knowledge of life and social decision making and spirituality.[14,15] Wisdom is associated with well-being, happiness, life satisfaction, and resilience. Possessing and nurturing wisdom is extremely important for individuals and society. Wisdom is a major contributor to human thriving, requiring greater emphasis in our educational systems from elementary to professional schools.[11]

Positive psychiatry is a relatively new branch of health care that promotes well-being, successful aging, and positive psychosocial factors by utilizing science-based principles. [16–18] Positive psychiatry interventions may be utilized to realize primary, secondary, and tertiary prevention and optimize outcomes of the population's mental and physical health.[19] Positive psychiatry-based interventions may serve to enhance resilience, optimism, wisdom, environmental support, healthy life-style behaviors, coping strategies, and peaceful family environments.[20] Optimization of mental and physical health is critical for persons experiencing early and advanced stages of mental health conditions and psychosocial disability as well as for those at high risk of developing them. However, positive psychiatry may also be vitally important for the general population. Population health may benefit from positive psychiatry interventions, by lessening risk of acquiring chronic illness, psychosocial disability, promoting resilience and avoiding over medicalization of preventable conditions. More resilient older persons would be better able to enjoy life and protect themselves against the effects of societal biases of ageism, mentalism, and ableism that are so pervasive in our society.

A major shift is required in the way in which healthcare is delivered. Patient participation in decisions about health and healthcare is a central goal of all healthcare systems. The time has come to regard patients as experts and partners in care with the potential to create a new generation of patients who are empowered to take action to improve their health in an unprecedented way. Patients must be encouraged to actively participate in health care decisions, provide information to aid diagnosis, problem-solve, share their preferences and priorities for treatment or management, ask questions, contribute to the identification of treatment planning that best suits their needs, preferences or priorities Enabling patients to effectively communicate personal values, priorities and expectations for health to healthcare providers, to participate in shared decision-making and to evaluate the relative success of healthcare outcomes are important elements of patient participation and patient-focused care.

Currently, there are major gaps in protecting the human rights of older persons. No older persons should be left behind, including those who are relatively healthy and functional, to those who are at risk of, or who live with a spectrum of physical or mental health conditions and / or psychosocial disability. The latter groups are often voiceless, invisible and neglected by society, which uses denial, minimization, and rationalization to employ the ubiquitous and sinister biases of ageism, mentalism, and ableism. "What you permit, you promote."[21] Let us not permit this status quo and let

us ensure that my grandmother's words do not come true for future generations of older persons; there has been enough suffering and death—let us use the lives sacrificed by older persons to make a positive change. A legally binding UN convention on the rights of older persons is now critical and will go a long way to protect and enhance the human rights of older persons.[22]

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